



Collection Agency Notification

OFFICE HOURS: 8:00A.M. TO 9:00P.M. MONDAY-THURSDAY • 8:00A.M. TO 5:00P.M. FRIDAY • 8:00A.M. TO 12:00P.M. SATURDAY

To Pay Online, go to www.payuflp.com

P.O. Box 941911
Houston, TX 77094-8911
Office Number: 800-527-6966

DATE: 3/29/07

EDP Number: 12-07-402-5271

MARY HERNANDEZ
SPC 205
510 SADDLE BROOK DR
SAN JOSE CA 95136-4218

CLIENT INFORMATION:
GE MONEY BANK
JC PENNEY CONSUMER
ACCOUNT NUMBER: 600889768562800
AMOUNT DUE AS OF 3/29/07 :
\$1,769.21

Dear MARY HERNANDEZ,

The debt that you owe to the above referenced client has been placed with Universal Fidelity LP, a national collection agency, because of our experience and successful record in collecting outstanding accounts just like yours.

We have been advised by our client that you have an amount due of \$1,769.21 . We are pleased to assist you in your efforts to resolve this matter.

Save Time! Save a Stamp! Make your payment on-line via our secured website: www.PAYUFLP.com. You may also call us at 1-800-527-6966 and make your payment over the phone. Please tell us your EDP number for quick account referencing. Otherwise, mail in your payment payable to Universal Fidelity LP. Please write your EDP number on the payment to ensure proper credit to your account.

NOTICE: PLEASE SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION.

Sincerely,

B. L. Lyons
Director of Payment Control

EXHIBIT

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REMINDER: As you are completing
your Tax Return, take this
opportunity to pay your debt.

CHECKS MAY BE ELECTRONICALLY DEPOSITED
DETACH PAYMENT COUPON AND MAIL IN RETURN ENVELOPE PROVIDED TO ENSURE PROPER CREDIT TO YOUR ACCOUNT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION AND CHANGE OF ADDRESS

CDG7 1200 CA 3/29/07
408-226-4723
NAME: MARY HERNANDEZ
ACCOUNT NO.: 600889768562800
JC PENNEY CONSUMER

12074025271 8 000176921 000176921

BALANCE DUE: \$1,769.21
AMOUNT ENCLOSED: \$ _____
CELL PHONE#: _____
HOME PHONE#: _____
E-MAIL ADDRESS: _____

CDG7

REQUIRED PAYMENT DETAIL: CHECK
 MONEY ORDER VISA MASTERCARD

CREDIT CARD NUMBER EXPIRES
3-DIGIT SECURITY CODE: _____
SIGNATURE: _____

THIS IS AN ATTEMPT TO COLLECT A DEBT AND/OR SUBROGATION CLAIM AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR. UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING YOUR INITIAL NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING YOUR INITIAL NOTICE, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING YOUR INITIAL NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

WE ARE REQUIRED UNDER STATE LAW TO NOTIFY CONSUMERS OF THE FOLLOWING RIGHTS. THIS NOTICE DOES NOT CONTAIN A COMPLETE LIST OF THE RIGHTS CONSUMERS HAVE UNDER STATE AND FEDERAL LAW.

CALIFORNIA RESIDENTS:

THE STATE ROSENTHAL FAIR DEBT COLLECTION PRACTICES ACT AND THE FEDERAL FAIR DEBT COLLECTION PRACTICES ACT REQUIRE THAT, EXCEPT UNDER UNUSUAL CIRCUMSTANCES, COLLECTORS MAY NOT CONTACT YOU BEFORE 8 A.M. OR AFTER 8 P.M. THEY MAY NOT HARASS YOU BY USING THREATS OF VIOLENCE OR ARREST OR BY USING OBSCENE LANGUAGE. COLLECTORS MAY NOT USE FALSE OR MISLEADING STATEMENTS OR CALL YOU AT WORK IF THEY KNOW OR HAVE REASON TO KNOW THAT YOU MAY NOT RECEIVE PERSONAL CALLS AT WORK. FOR THE MOST PART, COLLECTORS MAY NOT TELL ANOTHER PERSON, OTHER THAN YOUR ATTORNEY OR SPOUSE, ABOUT THE DEBT. COLLECTORS MAY CONTACT ANOTHER PERSON TO CONFIRM YOUR LOCATION OR ENFORCE A JUDGMENT. FOR MORE INFORMATION ABOUT DEBT COLLECTION ACTIVITIES, YOU MAY CONTACT THE FEDERAL TRADE COMMISSION AT 1-877-FTC-HELP OR WWW.FTC.GOV.

COLORADO RESIDENTS:

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.AGO.STATE.CO.US/CAB.HTM.

MASSACHUSETTS RESIDENTS:

IMPORTANT NOTICE

YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR DEBT NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY TEN DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE DEBT COLLECTOR.

MINNESOTA RESIDENTS:

THIS COLLECTION AGENCY IS LICENSED BY THE MINNESOTA DEPARTMENT OF COMMERCE.

NORTH CAROLINA RESIDENTS:

THIS COLLECTION AGENCY IS LICENSED BY THE COMMISSION OF INSURANCE OF THE STATE OF NORTH CAROLINA, LICENSE NUMBER #3162.

TENNESSEE RESIDENTS:

THIS COLLECTION AGENCY IS LICENSED BY THE COLLECTION SERVICE BOARD, STATE DEPARTMENT OF COMMERCE AND INSURANCE, 500 JAMES ROBERTSON PARKWAY, NASHVILLE, TENNESSEE 37243.

(04-05)

Change of Address Form Please print change of address and/or telephone number below:

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address _____

Signature _____

P.O. Box 219785
Houston, TX 77218-9785

EXPRESS DELIVERY

EDP Number: 12-07-402-5271

MARY HERNANDEZ
SPC 205
510 SADDLE BROOK DR
SAN JOSE CA 95136-4218

122 EXPLANATION

95136

122 EXPLANATION

PRESORTED
FIRST CLASS

